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Application Number 10/620.468

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TRANSMITTAL	Filing Date	July 15, 2003
FORM	First Named Inventor	Dinesh Chopra
	Art Unit	2822
	Examiner Name	T Tran

(to be used for all correspondence after initial	Attorney Docket Number Mi22-2345					
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PTO/SB/17 (02-07) Approved for use through 02/28/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE on Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/620,468 TRANSMITTA Filing Date July 15, 2003 For FY 2007 First Named Inventor Dinesh Chopra **Examiner Name** T. Tran Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2822 TOTAL AMOUNT OF PAYMENT 630.00 Attorney Docket No. MI22-2345 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 250 100 200 Design 100 100 50 130 65 200 0 Plant 100 300 150 160 80 300 Reissue 150 500 250 600 0 300 Provisional 200 100 0 O 0 n 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Fee Paid (\$) **Extra Claims** Fee (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 0 **Extra Claims** Fee Paid (\$) Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x 0 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Supplemental IDS; Petition for Extension of Time (2 months) 630.00

SUBMITTED BY			
Signature	In 5 / de	Registration No. (Attorney/Agent) 44,854	Telephone (509) 624-4276
Name (Print/Type)	James F. Lake		Date 26 Feb 2007

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